

Rhode Island PRAMS - a rich picture of recent mothers' experiences.

MAKE HEALTH PART OF YOUR FAMILY
RHODE ISLAND DEPARTMENT OF HEALTH

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PRAMS



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What is PRAMS?

The Pregnancy Risk Assessment Monitoring System (PRAMS) is a confidential survey to learn more about Rhode Island mothers' experiences before, during, and after pregnancy – information that is not routinely available from other sources. The goal is to collect and use information to improve the health of Rhode Island mothers and infants by reducing low birth weight and preventable health problems.

Rhode Island is one of 32 states participating in PRAMS. The Centers for Disease Control and Prevention (CDC) provides funding for PRAMS.

How does PRAMS work?

Each month, about 175 women who recently gave birth are selected by a computer to receive the PRAMS survey. Rhode Island PRAMS surveys all mothers who deliver a low birth weight baby (<2500 grams) and over-samples births in the cities of Central Falls, Newport, Pawtucket, Providence, West Warwick, and Woonsocket.

The survey is mailed to recent mothers who then mail back their completed survey. In an effort to obtain a high response rate, the survey is mailed out a second and third time to women who do not return the initial mailing. Women who do not respond after three mailings are called and offered the opportunity to complete the survey over the telephone. Both the written and telephone surveys are available in English and Spanish.

Women who complete the survey by mail or telephone receive a gift card to a pharmacy, supermarket, or department store as a thank you gift.

For more information about Rhode Island PRAMS program, visit <http://www.health.ri.gov/family/prams>.

Analysis of selected data

About 2,000 Rhode Island women receive the survey each year and about 70 percent respond, giving us reliable results. Of the 2,947 respondents for 2002 and 2003, 87.3% were white, 42.3% lived in core cities, 38.4% had public insurance, 35.6% were unmarried, 22.1% were Hispanic, 15.2% had an education less than 12th grade, and 7.2% had infants weighing less than 2,500 grams (5 lbs 8oz).

The Rhode Island PRAMS project is pleased to share some combined data from 2002 and 2003 for selected topics. For some questions, the PRAMS survey allows participants to select all options that apply.

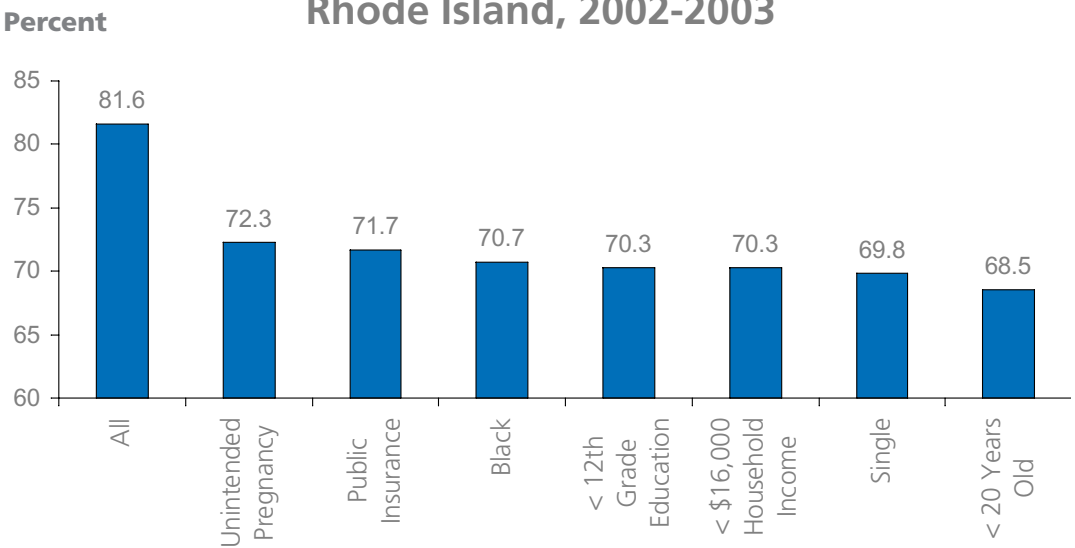


Early Prenatal Care

Definition: Prenatal care begun in the first trimester

Healthy People 2010 Objective: 90% of pregnant women begin prenatal care in the first trimester

Early Prenatal Care Among PRAMS Respondents by Selected Maternal Characteristics
Rhode Island, 2002-2003



More than 80 percent (81.6%) of respondents received prenatal care in the first trimester. Women were significantly ($p < .0001$) less likely to receive prenatal care in the first trimester if their pregnancy was unintended (72.3%); if they were Black (70.7%); had less than a high school education (70.3%); had an annual household income less than \$16,000 (70.3%); were single (69.8%); or were under 20 years old (68.5%).

Respondents cited the following reasons for not getting prenatal care as early as they wanted: they did not know they were pregnant (33.5%); they couldn't get an appointment earlier (28%); no insurance card/their doctor or health plan would not start care earlier (25%); they didn't have enough money or insurance to pay for the visits (14.5%); too many other things were going on (6.9%); they didn't have a way to get to the clinic/doctor's office (4.5%); and other reasons (14.9%).

Unintended Pregnancy

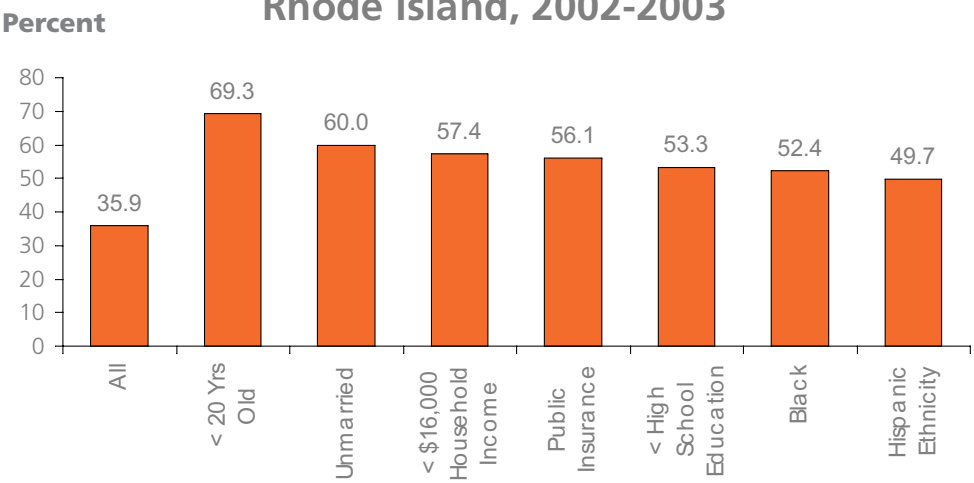
Definition: Any pregnancy that was wanted later (mistimed) or not wanted at any time

Healthy People 2010 Objective: 70% of pregnancies are intended

When asked how they felt about becoming pregnant just before they got pregnant, 35.9% of the Rhode Island PRAMS respondents had wanted to be pregnant later or did not want to be pregnant then or at any time. Respondents were more likely to report their pregnancy was unintended if they: were under 20 years of age (69.3%), were not married (60%), had an annual household income less than \$16,000 (57.4%), had insurance coverage through Medicaid/RIte Care (56.1%), had less than a high school education (53.3%), were Black (52.4%), or were of Hispanic/Latino ethnicity (49.7%).

More than half (52.9%) of the respondents whose pregnancy was unintended reported they were not using birth control prior to becoming pregnant. Primary reasons for not using birth control included: didn't mind if they got pregnant (31.2%); thought they could not get pregnant at that time (29.6%); husband or partner didn't want to use anything (24.5%); didn't like side effects from birth control method (16.5%); had problems getting birth control (8.1%); and thought husband/partner was sterile (7.2%).

Unintended Pregnancy by Selected Maternal Characteristics
Rhode Island, 2002-2003



When asked if they were currently doing anything to keep from getting pregnant (at the time of the survey), 83.3% of all PRAMS respondents indicated they or their partner were using birth control. The following birth control methods were being used: pill (35.3%); condoms (30.7%); tubes tied (9.7%); withdrawal (9.4%); Depo-Provera (8.9%); vasectomy (4.2%); foam, jelly, cream (1.6%); Norplant (0.3%).

Those not using birth control cited the following reasons: not having sex (34.1%); don't want to use birth control (29.4%); want to get pregnant (16.8%); husband or partner doesn't want to use anything (9.0%); don't think they can get pregnant (6.2%); currently pregnant (1.9%); or they can't pay for birth control (1.7%).

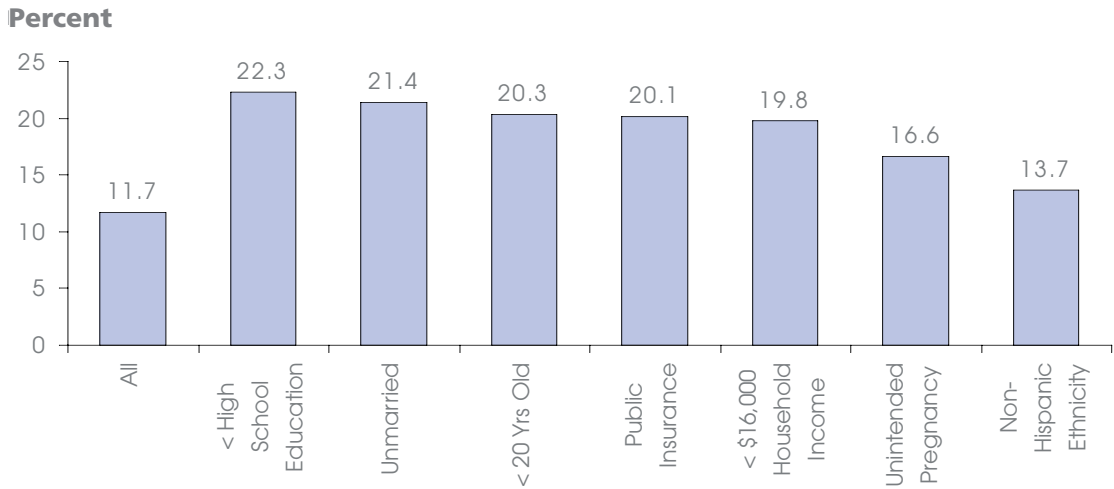
Tobacco Use During Pregnancy

Definition: Women who smoked cigarettes during the last three months of pregnancy
Healthy People 2010 Objective: 99% of women abstain from smoking cigarettes during pregnancy

According to data from the Rhode Island PRAMS survey, 21.5% of women who gave birth during 2002-2003 reported they had smoked three months before they became pregnant and 11.7% had smoked in the last three months of their pregnancy. The rate of smoking during pregnancy reported by PRAMS respondents (11.7%) corresponds to the rate reported on the birth certificate (11.8%) among women who gave birth during 2002-2003.

Women with less than a high school education (22.3%) were four times more likely to smoke during their pregnancy than women who had more than a high school education (5.5%); single women (21.4%) were more than three times more likely to smoke than married women (6.5%); respondents under 20 years old (20.3%) were more than twice as likely to smoke than respondents aged 30 or older (7.9%); women who had health insurance coverage through Medicaid/Rlte Care (20.1%) were three times more likely to smoke during their pregnancy than women with private insurance (6.6%); women with annual household incomes of less than \$16,000 (19.8%) were nearly four times more likely to smoke during their pregnancy than women with household incomes of \$40,000 or more (5.3%); women whose pregnancy was unintended (16.6%) were nearly twice as likely to smoke during their pregnancy than women whose pregnancy was intended (9.1%); non-Hispanic women (13.7%) were four times more likely to smoke during their pregnancy than Hispanic women (3.4%).

Smoked During the Last 3 Months of Pregnancy
by Selected Maternal Characteristics
Rhode Island, 2002-2003



Breastfeeding

Definition: Women who had ever breastfed or pumped breast milk to feed their baby
Healthy People 2010 Objective: Breastfeeding rates of 75% at birth; 50% at six months; and 25% at one year

Among respondents who delivered a baby during 2002, 67% had “ever breastfed” their baby after delivery. This figure rose to 72.2% among women who gave birth in 2003. Combined 2002 and 2003 data yield an overall breastfeeding rate of 69.6%. During this period, 36.8% of all respondents indicated they were still breastfeeding at the time of the survey, 2-4 months after delivery.

Women of Hispanic/Latino ethnicity had a higher rate of breastfeeding (85.2%) than the rate for non-Hispanics (66.0%). Women with an education level greater than high school had higher breastfeeding rates (78.9%) than women with less than a high school education (56.9%). More than three-fourths of married women indicated they breastfed (76.8%) compared with 56.5% of single women. Women with household incomes of \$40,000 or more were more likely to breastfeed (76.2%) than women with annual household incomes of less than \$16,000 (61.3%). Women with private health insurance were more likely to breastfeed (74.5%) than women with public (Medicaid/Rlte Care) health insurance (61.2%). Finally, breastfeeding rates were higher among women who indicated their pregnancy had been intended (72.8%) than women whose pregnancy was unintended (63.6%).

The top three reasons cited by PRAMS respondents for not breastfeeding were: did not like breastfeeding (45.4%); had other children to take care of (29.1%); went back to work or school (16.9%).

Breastfeeding (Ever)
by Selected Maternal Characteristics
Rhode Island, 2002-2003

